## L04000058732

(Reque	stor's Name)			
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04/28/10--01028--029 \*\*30.00



T. CLINE

APR **29** 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Ameriplex Homes, LLC	f Limited Liability Company)	
(Ivaille 0	P. Ellinted Elability Company)	
The enclosed Articles of Dissolution and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Robert R Rossi		
	(Name of Person)	
Ameriplex Homes, LL	C SECRETARY APR 28 (Firm/Company)	
	(Firm/Company)	
PO Box 16852	(Firm/Company)  APR 28  (Address)	
	(Address)	
Fernandina Beach, F	(Address)	
	City/State and Zip Code)	
For further information concerning this matter, plea	ise call:	
Robert R Rossi	at ( 904 ) 321-5609	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Secutified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is Ameriplex Homes, LLC		
2. The Articles of Organization were filed on L04	4000058732	and assigned document number
3. The date the dissolution was approved: 03/29	9/2009	<u></u> .
4. A description of occurrence that resulted in the l 608.441, Florida Statutes, (copy 608.441 on bac Members of the Ameriplex Homes,	imited liability company's k cover letter).	
interests to dissolve the limited lia	ability company.	7 S 20
		0 APR 28 ECRETAR LLAHAS
<ul> <li>5. CHECK ONE:</li></ul>	he debts, obligations and I tributed among its member ompany in any court.  The satisfaction of any judg	ny have been paid or discharged; iabilities pursuant to \$\frac{1}{2}\text{08.442T}, as in accordance with their respective ment, order or decree which may be
Signature		Printed Name
	Robert	R Rossi
Exp.	Keith G	Hutson

FILING FEE: \$25.00